



"Umansky, Tammy" <tammy.umansky@ppnc.org> on 07/15/2016 01:03:09 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,  
cc: "Shethiya, Rinkesh" <Rinkesh.Shethiya@ppnc.org>, (bcc: 48 Hrs - FEC E-Mail Disclosures)  
Subject: Planned Parenthood of Nassau County Action Fund FEC Filing

I have attached a report for the 2<sup>nd</sup> quarter.

If you any questions, please don't hesitate to contact me.

Thank you,

Tammy



**Tammy Umansky**  
Chief Financial Officer  
Planned Parenthood of Nassau County, Inc.  
[tammy.umansky@ppnc.org](mailto:tammy.umansky@ppnc.org)  
Phone: (516) 750-2606  
Fax: (516) 483-3592

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QTR 2-2016.pdf

20160715100008444

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>Planned Parenthood of Nassau County Action Fund</b>		3. FEC Identification Number  <div style="border: 1px solid black; padding: 2px; display: inline-block;">C 90008293</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>540 Fulton Ave</b>		
(c) City, State and ZIP Code <b>Hempstead, NY 11550</b>		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer <b>N/A</b>	Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

04

01

2016

THROUGH

06

30

2016

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6. TOTAL CONTRIBUTIONS ..... 0

7. TOTAL INDEPENDENT EXPENDITURES ..... 1578.73

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Tammy Umansky		7/15/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

20160715 10:00:00 AM

For further information, contact:  
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

**A. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

**D. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page carry total to Line 6) .....

2016-07-15 PM 08:45:19

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood of Nassau County Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of NYC - Action Fund	Date 04 / 14 / 2016
Mailing Address 26 BLEECKER STREET	Amount 1,291.17
City State Zip Code New York, NY, 10012	

Purpose of Expenditure Primary Election Printing and mailing	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2582.34		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of NYC - Action Fund	Date 04 / 15 / 2016
Mailing Address 26 BLEECKER STREET	Amount 57.80
City State Zip Code New York, NY, 10012	

Purpose of Expenditure Emails in Support of Hillary Clinton	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2640.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of Nassau County	Date 04 / 08 / 2016
Mailing Address 540 Fulton Ave	Amount 63.10
City State Zip Code Hempstead, NY 11550	

Purpose of Expenditure Swag For Action Fund - Action T-Shirts PPACT	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2703.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1412.07
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

2016-07-15 10:00:45

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Planned Parenthood of Nassau County Action Fund

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of NYC - Action Fund		Date 04 / 04 / 2016
Mailing Address 26 BLEECKER STREET		Amount 8333
City New York, NY, 10012	State Zip Code	
Purpose of Expenditure Design costs for mailers	Category/Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	2786.57	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Planned Parenthood of NYC - Action Fund		Date 05 / 04 / 2016
Mailing Address 26 BLEECKER STREET		Amount 8333
City New York, NY, 10012	State Zip Code	
Purpose of Expenditure Design costs graphics	Category/Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	2869.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	166.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1578.73

20160504 15:00:00



